

APPENDIX "A"

GRANTS PASS DEPARTMENT OF PUBLIC SAFETY

**101 NW A Street
Grants Pass, OR 97526
541-474-6370 Fax 541-476-8527**

IDENTITY THEFT REPORT

Case #: _____

Date / Time Reported: _____

Date / Time Occurred: _____

Venue / Location: _____

(Where were the charges made from and where were the items delivered to)

Victim: _____ DOB: _____

Address: _____ Phone#: _____

Email Address: _____ Cell Phone# _____

Bank / Debit / Credit Card: _____

(i.e., MasterCard, Visa, Discovery, etc)

Account / Card Number: _____

Total dollar amount of charges (list or attach printouts to form): _____

Company or Companies items were ordered from (list or attach printouts to form): _____

[illegible]

Assigned Primary Officer: _____

Date/Time